THE UNIVERSITY OF SHEFFIELD

HEALTH AND SAFETY AUDITING AND MONITORING POLICY AND PROCEDURES
Statement

This University Policy and associated procedures were approved by the Health and Safety Committee on 25 April 2013 on behalf of the University of Sheffield Council and forms part of the Health and Safety Policy of the University of Sheffield.

The use of this Management Procedure and the incorporation of its requirements into working practices and activities will ensure that the University of Sheffield and its community achieve compliance with its legal duties with regard to health and safety.

The most recent version of the University Policy and Procedures can be found at: -
https://hs.shef.ac.uk/attachments/172?updated=1492520908

Table of significant changes since last review (September 2019):

<table>
<thead>
<tr>
<th>Section</th>
<th>Significant change since last review</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.6</td>
<td>Included Head of Service responsibilities</td>
</tr>
<tr>
<td>7.0</td>
<td>Diagram of the plan, do, check, act cycle from HSG 65</td>
</tr>
<tr>
<td>7.1</td>
<td>Guidance on the Department/Service management system and reference to INDG417 (Leading health and safety at work (leadership actions for directors and board members).</td>
</tr>
<tr>
<td>8.0</td>
<td>“Typing” Departments for Auditing Purposes</td>
</tr>
</tbody>
</table>

Date Created  October 2012  By  Health & Safety
Reviewed  April 2019  By  Health & Safety
Date of Next Review  April 2021  By  Health & Safety
## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 INTRODUCTION</td>
<td>4</td>
</tr>
<tr>
<td>2 POLICY STATEMENT</td>
<td>4</td>
</tr>
<tr>
<td>3 POLICY OBJECTIVES</td>
<td>4</td>
</tr>
<tr>
<td>4 OPERATIONAL AREAS AND ACTIVITIES</td>
<td>5</td>
</tr>
<tr>
<td>5 ROLES AND RESPONSIBILITIES</td>
<td>6</td>
</tr>
<tr>
<td>5.1 President &amp; Vice Chancellor</td>
<td>6</td>
</tr>
<tr>
<td>5.2 Vice-President and Head of Faculty</td>
<td>6</td>
</tr>
<tr>
<td>5.3 Director of Health &amp; Safety</td>
<td>6</td>
</tr>
<tr>
<td>5.4 Audit Team Leader</td>
<td>7</td>
</tr>
<tr>
<td>5.5 Audit Team Members</td>
<td>7</td>
</tr>
<tr>
<td>5.6 Heads of Department/School/Service</td>
<td>8</td>
</tr>
<tr>
<td>6 CONDUCTING AUDITS AND INSPECTIONS</td>
<td>8</td>
</tr>
<tr>
<td>6.1 Frequency and Planning</td>
<td>8</td>
</tr>
<tr>
<td>6.2 The Audit Team</td>
<td>9</td>
</tr>
<tr>
<td>6.3 Auditing and Monitoring Process</td>
<td>9</td>
</tr>
<tr>
<td>6.4 Remedial Actions</td>
<td>9</td>
</tr>
<tr>
<td>7 DIAGARM OF THE PLAN, DO, CHECK, ACT CYCLE</td>
<td>11</td>
</tr>
<tr>
<td>7.1 Guidance</td>
<td>12</td>
</tr>
<tr>
<td>8 &quot;TYPING&quot; DEPARTMENTS FOR AUDITING PURPOSES</td>
<td>14</td>
</tr>
</tbody>
</table>
1 INTRODUCTION

All employers are under a general duty to have in place formal systems to cover inspection, monitoring and auditing of health and safety management systems.

The legal requirement to have in place formal systems to cover inspection, monitoring and auditing can be found in The Health and Safety at Work etc Act 1974 (HASAWA), The Management of Health and Safety at Work Regulations and Guidance and the Health and Safety Executive Publication ‘Managing for Health and Safety’ HSG 65.

This document outlines procedures for the systematic monitoring of performance within Departments against set standards. This is achieved by in-depth auditing of the health and safety management systems that have been implemented; and by way of workplace inspections.

The primary purpose of an audit is to enable the University to evaluate its management systems, determine any deficiencies, and generate cost effective and efficient solutions.

2 POLICY STATEMENT

The University will adopt the principle of HSG 65 Managing for Health and Safety Publication in the delivery of its auditing and monitoring arrangements (see the key elements of Managing for Health and Safety in APPENDIX 1). This will provide an objective assessment to the University’s Health and Safety Committee and Council of the adequacy and effectiveness of the internal systems of control.

In accordance with this Policy Statement, the University will fulfil the following Policy Objectives.

3 POLICY OBJECTIVES

The Policy Objectives are:

- To provide a safe and healthy working environment for employees, students, visitors and any other persons who may be affected by the University’s activities.

- To protect the physical assets and reputation of the University.

- To provide a scheduled audit programme of formal inspections at regular intervals and supported by random inspections at irregular intervals.

- To provide confidentiality through the respect for the value and ownership of the information received, and a requirement not to disclose information without appropriate authority.
• To provide competency by the application of appropriate knowledge, experience, and responsibility in the performance of duties.

• To appraise the adequacy and effectiveness of the University’s internal systems of control for health and safety.

• To ensure compliance with established health and safety policies and procedures.

• To ascertain the integrity and reliability of Departmental and Local Rules and Procedures.

• To provide information of where individual Departments/Schools are relative to their overall health and safety objectives.

• To comply with relevant health and safety legislation.

• To assist Departments in achieving continual improvement in the management of health and safety.

4 OPERATIONAL AREAS AND ACTIVITIES

The main areas of service provision will incorporate:

• Planned audit visits to both academic and non-academic Departments throughout the University.

• Reviews of critical systems in operation across the University.

• Encouragement and promotion of best practice in Departments in relation to internal control.

• Respond to requests for assistance and advice from Departments.

• Liaison with external auditor bodies or agencies and other auditors to enhance the audit service provision to the University.
5 ROLES AND RESPONSIBILITIES

5.1 President & Vice Chancellor

The President & Vice-Chancellor is responsible for achieving the objectives of the University’s Health and Safety Auditing and Monitoring Policy and Procedures, namely to:

- Ensure that Heads of Departments know and undertake their individual responsibilities regarding the management of health and safety and be satisfied that full support is given to the audit process.

5.2 Vice-Presidents and Heads of Faculty

Faculty Vice-Presidents have oversight of resources devolved from the President & Vice-Chancellor. As such, they have a duty for not only the application of these resources, but also its safe application. Faculty Vice-Presidents should satisfy themselves that the Departments within their area of responsibility have suitable and sufficient arrangements in place to meet all statutory requirements.

5.3 Director of Health & Safety

The Director of Health and Safety is responsible for developing the University’s procedures and guidance for the control and management of health and safety and reviewing this Policy and Guidance at regular intervals.

Additional Responsibilities are:

- Identification and provision of appropriate training to ensure staff and stakeholders are competent to fulfil their responsibilities for auditing and monitoring to achieve the Policy Objectives.

- Coordination and supply of relevant information relating to auditing and monitoring to appropriate external agencies where requested to do so.

- Investigate and mediate any dispute arising from internal or external auditing or monitoring arrangements to achieve a satisfactory resolution ensuring compliance with policies and procedures.

- Make any amendments to working practices as may be required by either the monitoring or inspection findings in relation to safe working practices.
5.4 Audit Team Leader

The Audit Team Leader reports directly to the Director of Health & Safety to ensure that effective systems and resources are in place to deliver the Audit Programme in accordance with this management procedure.

The Audit Team Leader is responsible for:

- Ensuring the Audit Team Members apply a professional and balanced assessment, concluded without undue influence by personal interests or by others.

- Ensuring the highest levels of confidentiality through the respect for the value and ownership of the information received, and a requirement not to disclose information without appropriate authority.

- Ensuring that the Audit Team are competent by the application of appropriate knowledge, experience and responsibility in the performance of auditing and monitoring.

- Ensuring the Audit Reports and Audit Action Plans are collated and aim to be formally issued within 28 days of completion of an audit.

5.5 Audit Team Members –

Audit Team Members are responsible to the Audit Team Leader for ensuring effective systems and resources are implemented to perform and undertake auditing and monitoring in accordance with the Audit Programme.

Audit Team Members shall be responsible for:

- Ensuring adequate resources (time management) are appropriate in supporting the Audit Team Leader in the performance and delivery of auditing and monitoring in accordance with the Audit Programme.

- Ensuring the application of a professional and balanced assessment, concluded without undue influence by personal interests or by others.

- Ensuring the highest levels of confidentiality through the respect for the value and ownership of the information received, and a requirement not to disclose information without appropriate authority.

- Ensuring competency by the application of appropriate knowledge, experience and responsibility in the performance of auditing and monitoring.
• Ensuring the Audit Reports and Audit Action Plans are collated and passed to the Audit Team Leader within 14 days of completion of an audit for approval prior to distribution.

• Ensuring that final approved Audit Reports and Audit Action Plans are collated and formally issued within 28 days of completion of an audit.

• Ensuring that Audit Report responses from Departments are received no later than 14 days after submission of the Audit Report.

• Ensuring that timely procedures are implemented to follow the progression of any remedial actions as detailed in the final Audit Report and Action Plan.

5.6 Heads of Department/School/Service

Each Head is responsible to the Vice President & Head of Faculty for the control and management of health and safety in relation to their undertakings and work activities at Departmental level. The Head will be responsible for ensuring on behalf of the University compliance with its obligations with regard to health and safety.

In addition each Head must ensure:-

• That adequate resources are provided for the Department to meet the requirements of the health and safety management procedure.

• Sufficient resources are made available to accommodate the Auditor when performing auditing or monitoring in accordance with the Audit Programme.

• Ensuring written feedback and progress on remedial actions and audit observations are made to Auditor within 14 days of receipt of the audit report.

6 CONDUCTING AUDITS AND INSPECTIONS

6.1 Frequency and Planning

The auditing of health and safety systems within Departments will be arranged and carried out by the Department of Health & Safety in line with the programme which has been agreed by the University’s Health and Safety Committee.

The timing and frequency of the audits will take into account inherent health and safety hazards managed by the Department and the standard of health and safety management currently in place.

Where an audit identifies significant problems it may be appropriate to repeat the audit outside the normal frequency to assess and verify progress.
6.2 The Audit Team

The auditors will in the majority of instances be members of staff within the Department of Health & Safety who have been trained in auditing techniques and hold a nationally recognised health and safety qualification.

From time to time the University may contract the services of an outside audit consultant with the appropriate qualifications to carry out an independent review of a nominated specialist area of work.

6.3 Auditing and Monitoring Process

The audit format consists of pre-selected question sets and detailed below is a brief outline of the format of the audit that will be taken to completion.

- Audit meeting date identified.
- Request from Health & Safety for various documents, information and records for review prior to the audit meeting.
- Pre audit meeting with Departmental Safety Officer (DSO) to discuss and agree on the topic areas to be audited and formulate audit plan.
- Meet with the Head, DSO and various other members of staff to qualify the health and safety management systems that are in place.
- Conduct a Departmental inspection.
- The Auditor will consider the findings from the visit and prepare a written report which will include:
  - A full report.
  - Summary of recommendations.
  - Detailed Action Plan.
- Audit closing meeting with Head, Departmental Safety Officer and various other members of staff to give a summary of audit findings.
- Offer to meet with Head and Departmental Safety Officer before final release of audit and action plan.

A copy of the report will be submitted to both Head and Director of Faculty Operations/Director of Service along with a summary of the findings to the Director of Health & Safety.

6.4 Remedial Actions

Where deficiencies are identified, it is essential that effective and timely remedial actions are taken. Simple problems should be corrected immediately or within a short
time span. More complex problems will have set, as part of the Action Plan, a realistic time frame for completion.

A formal follow-up on remedial actions stipulated will be carried out by Health & Safety.
7 DIAGRAM OF PLAN, DO, CHECK, ACT CYCLE

Key elements of Managing for Health and Safety (HSG 65)

Figure 1 The Plan, Do, Check, Act cycle

Plan, Do, Check, Act should not be seen as a once-and-for-all action:

- You may need to go round the cycle more than once, particularly when:
  - starting out;
  - developing a new process, product or service; or
  - implementing any change.
7.1 Guidance

Heads, Directors and DSOs are expected to follow (at a minimum) the guidance set out in HSG 65 when planning and maintaining their health and safety management system.

Directors and Senior Leaders should be aware of INDG417 Leading health and safety at work (Leadership actions for directors and board members)

The University expects health and safety management to be part of the everyday process of running Departments and Services. In other words health and safety management should not been seen as an “add on” but be part of our business.

To be effective there must be:

- Strong leadership and management;
- A trained/skilled workforce;
- An environment where people are trusted and involved.

**Plan:** to begin with Heads, Directors and DSOs should ensure there is a documented Health and Safety Policy which is split into three distinct parts:

1) A statement of intent (this should be signed and dated by the Head/Director and contain amongst many other commitments a commitment to continuous health and safety improvement)

2) An organisational structure showing how health and safety is communicated throughout the Department/Service and beyond the Department.

3) Clear sets of arrangements must identify clear roles and responsibilities. In order to be relevant significant hazards across the Department/Service must be identified and arrangements for managing them documented in the Policy. The Health and Safety webpages contain a hazard list document which can aid with this process.

**Do:** the Department/service will need to have a clear plan to implement the Policy.

In developing the Policy and implementing “Plan” the Department/Service will have identified key individuals with responsibilities and training needs, part of the plan will be to ensure competence of staff and controls including roles of supervisors, accountabilities, rewards and sanctions, co-operation between workers and means of communication across the Department/service. It is more than simply issuing a Policy.

**Check:** the next step is to monitor and measure performance, this is a vital step in your management system. Appropriate resources must be allocated, you need to know what is happening; are the arrangements set out in the Policy being followed?
Types of Monitoring should include:

Active methods:

- inspections of premises, plant and equipment
- health surveillance
- training compliance
- checks on processes and key pieces of equipment

Reactive methods:

- poor health and safety practice, unsafe acts
- investigating accidents and incidents
- monitoring ill health and sickness absence

Heads/Directors need to consider who will do the monitoring, it is often assumed that inspections are the DSOs responsibility which is true to some extent. However, managers and supervisors must take responsibility for areas for which they have control and should undertake some regular inspections of their areas.

**Act:**

Findings from monitoring should be acted upon to ensure suitable systems are in place; the findings from monitoring including inspections should be used to feed back into the management system. Performance should be formally reported to leaders, this is often done via the health and safety committee/staff forum to the executive committee and to the executive board.

This feedback loop should be an opportunity to review and enhance the Health and Safety Policy thus resulting in continuous health and safety improvement.

More details of the above management system can be found by looking at HSG 65. This management system and principals will form the key elements when audited.
8 “TYPING” DEPARTMENTS FOR AUDITING PURPOSES

The information below gives a guide to the criteria used for “Typing” Academic Departments for Auditing Purposes:

**Type 1**

Departments will undertake one or more of the following:

- Undertake significant laboratory research work using non-pathogenic or HG1 organisms
- Undertake any laboratory research work using pathogenic or genetically modified organisms
- Undertake any work requiring Home Office approved facilities
- Undertake any laboratory research work using carcinogenic, teratogenic or mutagenic materials or substances
- Undertake significant laboratory research work involving allergens
- Undertake significant laboratory research work using substances (liquids, powders, gases, fumes or aerosols) with Workplace Exposure Limits
- Undertake laboratory research work using significant quantities of explosible or flammable solids, liquids or gases
- Undertake research work using significant quantities of cryogenic liquids or compressed gases inside laboratories or workshops (other than compressed air)
- Undertake research or manufacturing work using lifting or pressure equipment, including autoclaves and pressure vessels
- Undertake any research work in laboratories or workshops with substances or equipment using or producing ionising and /or non-ionising radiation exposing users to significant risks if undertaken inappropriately
- Undertake any work in research and manufacturing workshops containing several items of electrical equipment and machinery using supplies > 250 volts and / or hydraulically or pneumatically powered mechanical equipment
- Undertake any work in research and manufacturing workshops with several machinery processes or items of equipment operating at very high or very low temperatures, or producing high noise levels
- Involve significant interaction with visitors/members of public (e.g. Sports Sheffield)
The Department of Estates and Facilities Management and Sports Sheffield are considered to be Type 1 Departments due to their operational and maintenance activities.

**Type 2**

Type 2 Departments will undertake one or more of the following but not activities in Type 1

- Provide services e.g. accommodation, restaurants/bar/cafeteria etc.
- Undertake regular work at height
- Undertake activities in domestic situations
- Undertake frequent work/contact with hazardous substances
- Involves activities where there is use of sharps
- Undertake activities involving use of lifting or hoisting equipment
- Undertake activities in confined spaces e.g. in trenches/excavations
- Undertake field trips, fieldwork and other of site campus activities and general educational visits undertaken as part as a course of study or research whether in an urban or rural environment e.g. rivers, streams, rock faces, seashore, cliffs, factories, farms, construction sites etc.
- Activities which require the use/provision of personal protective equipment.
- Undertake roof top activities

**Type 3**

Type 3 Departments will be generally office based not undertaking Type 1 or type 2 activities